

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A  
PAYMENT ISSUE DATE: 11/27/2013

**ALAMEDA COUNTY TREASURER**  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.04063880
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	3,412,739.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,412,739.97
YTD Amount:	\$	15,596,143.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**ALPINE COUNTY TREASURER**

PO BOX 217

MARKLEEVILLE CA

96120

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00011234
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	9,434.02
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	8,119.02
YTD Amount:	\$	38,831.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**AMADOR COUNTY TREASURER**

810 COURT STREET

JACKSON CA

95642

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00149494
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	125,541.15
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	63,514.75
YTD Amount:	\$	371,556.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**BUTTE COUNTY TREASURER**

25 COUNTY CENTER DR

OROVILLE CA

95965

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00982803
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	825,332.22
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	230,272.92
YTD Amount:	\$	1,828,719.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00156172
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	131,149.15
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	39,753.25
YTD Amount:	\$	301,250.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00124461
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	104,519.09
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	24,520.29
YTD Amount:	\$	216,858.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**CONTRA COSTA COUNTY TREASURER**

625 COURT ST RM 102

MARTINEZ CA

94553

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.02063949
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,733,250.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,733,250.31
YTD Amount:	\$	7,919,278.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA

95531

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00145747
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	122,394.51
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	44,258.71
YTD Amount:	\$	304,557.21



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA

95667

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00568751
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	477,622.19
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	124,093.39
YTD Amount:	\$	1,029,924.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.02522293
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,118,155.59
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,118,155.59
YTD Amount:	\$	9,673,726.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00140132
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	117,679.18
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	38,885.88
YTD Amount:	\$	280,938.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00996374
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	836,728.79
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	148,410.59
YTD Amount:	\$	1,578,821.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00984123
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	826,440.72
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	186,998.52
YTD Amount:	\$	1,689,668.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00190832
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	160,255.71
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	50,230.01
YTD Amount:	\$	373,675.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA

95798 1240

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.01717672
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,442,455.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,442,455.95
YTD Amount:	\$	6,588,551.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00487519
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	409,405.69
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	126,122.39
YTD Amount:	\$	945,910.79



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**LAKE COUNTY TREASURER**

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$124,223,810.76</b>	<b>Percentage of collection:</b>	<b>0.67601678</b>
<b>Gross monthly apportionment:</b>	<b>\$83,977,380.55</b>	<b>County/City Ratio:</b>	<b>0.00212481</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>178,435.98</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>102,296.30</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>76,139.68</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>481,262.26</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00151665
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	127,364.29
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	58,652.99
YTD Amount:	\$	358,100.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.32535049
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	27,322,081.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	27,322,081.92
YTD Amount:	\$	124,880,639.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00481249
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	404,140.30
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	115,925.60
YTD Amount:	\$	905,361.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.01146042
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	962,416.05
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	189,825.15
YTD Amount:	\$	1,879,621.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA

95338

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$124,223,810.76</b>	<b>Percentage of collection:</b>	<b>0.67601678</b>
<b>Gross monthly apportionment:</b>	<b>\$83,977,380.55</b>	<b>County/City Ratio:</b>	<b>0.00081417</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>68,371.86</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>43,506.20</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>24,865.66</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>170,642.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00308743
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	259,274.28
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	93,774.38
YTD Amount:	\$	644,373.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00570071
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	478,730.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	478,730.69
YTD Amount:	\$	2,183,104.02



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA

96101

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00089700
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	75,327.71
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	28,424.31
YTD Amount:	\$	191,371.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA

93517

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00125416
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	105,321.07
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	68,390.17
YTD Amount:	\$	360,981.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00836357
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	702,350.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	702,350.70
YTD Amount:	\$	3,209,492.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**NAPA COUNTY TREASURER**

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$124,223,810.76</b>	<b>Percentage of collection:</b>	<b>0.67601678</b>
<b>Gross monthly apportionment:</b>	<b>\$83,977,380.55</b>	<b>County/City Ratio:</b>	<b>0.00481595</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>404,430.87</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>306,296.70</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>98,134.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>849,354.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00304804
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	255,966.42
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	69,887.12
YTD Amount:	\$	562,697.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.05494820
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	4,614,405.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,614,405.90
YTD Amount:	\$	21,019,823.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**PLACER COUNTY TREASURER**

2976 RICHARDSON DRIVE

AUBURN CA

95603

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00356426
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	299,317.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	299,317.22
YTD Amount:	\$	1,365,704.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00130226
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	109,360.38
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	18,841.18
YTD Amount:	\$	204,514.52



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.03209715
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,695,434.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,695,434.58
YTD Amount:	\$	12,306,773.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$124,223,810.76</b>	<b>Percentage of collection:</b>	<b>0.67601678</b>
<b>Gross monthly apportionment:</b>	<b>\$83,977,380.55</b>	<b>County/City Ratio:</b>	<b>0.03324084</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>2,791,478.67</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,791,478.67</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,742,925.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00184003
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	154,520.90
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	45,919.80
YTD Amount:	\$	352,125.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.03571878
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,999,569.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,999,569.58
YTD Amount:	\$	13,675,740.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO

95798 0304

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$124,223,810.76</b>	<b>Percentage of collection:</b>	<b>0.67601678</b>
<b>Gross monthly apportionment:</b>	<b>\$83,977,380.55</b>	<b>County/City Ratio:</b>	<b>0.06122250</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>5,141,305.18</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>5,141,305.18</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>23,382,563.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.06205138
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	5,210,912.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,210,912.35
YTD Amount:	\$	23,817,346.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$124,223,810.76</b>	<b>Percentage of collection:</b>	<b>0.67601678</b>
<b>Gross monthly apportionment:</b>	<b>\$83,977,380.55</b>	<b>County/City Ratio:</b>	<b>0.01405214</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,180,061.91</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,180,061.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,382,634.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**SAN LUIS OBISPO COUNTY TREASURER**

PO BOX 1149

SAN LUIS OBISPO CA

93406

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00466930
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	392,115.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	392,115.58
YTD Amount:	\$	1,791,460.44



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.01440573
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	1,209,755.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,209,755.47
YTD Amount:	\$	5,527,831.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA CA

93102

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00860601
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	722,710.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	722,710.18
YTD Amount:	\$	3,302,194.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.03463767
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	2,908,780.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,908,780.79
YTD Amount:	\$	13,290,447.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ CA

95061

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00583403
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	489,926.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	489,926.56
YTD Amount:	\$	2,239,299.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812 1859

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00844936
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	709,555.12
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	173,453.82
YTD Amount:	\$	1,491,769.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA

95936 0376

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$124,223,810.76</b>	<b>Percentage of collection:</b>	<b>0.67601678</b>
<b>Gross monthly apportionment:</b>	<b>\$83,977,380.55</b>	<b>County/City Ratio:</b>	<b>0.00029524</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.10000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>24,793.48</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>13,588.80</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>11,204.68</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>69,039.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00237360
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	199,328.71
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	62,125.31
YTD Amount:	\$	463,464.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.01197614
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	1,005,724.87
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	318,612.17
YTD Amount:	\$	2,351,160.15



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.01954303
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	1,641,172.47
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	322,836.57
YTD Amount:	\$	3,197,708.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.01140852
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	958,057.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	958,057.63
YTD Amount:	\$	4,374,361.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA

95992

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00470644
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	395,234.50
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	95,622.70
YTD Amount:	\$	829,528.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00316109
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	265,460.06
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	74,230.16
YTD Amount:	\$	589,667.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00131981
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	110,834.19
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	49,684.49
YTD Amount:	\$	307,255.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**TULARE COUNTY TREASURER**

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.01017488
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	854,459.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	854,459.77
YTD Amount:	\$	3,896,649.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**TUOLUMNE COUNTY TREASURER**

2 SOUTH GREEN ST

SONORA CA

95370

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00244601
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	205,409.51
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	59,877.51
YTD Amount:	\$	464,330.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<b>Total amount collected:</b>	<b>\$124,223,810.76</b>	<b>Percentage of collection:</b>	<b>0.67601678</b>
<b>Gross monthly apportionment:</b>	<b>\$83,977,380.55</b>	<b>County/City Ratio:</b>	<b>0.01345719</b>
	<b>County Medical Services Program Offset Ratio:</b>	<b>0.00000000</b>	

<b>Gross Claim</b>	<b>\$</b>	<b>1,130,099.57</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,130,099.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,162,540.91</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00370355
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	311,014.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	311,014.43
YTD Amount:	\$	1,420,582.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00384214
	County Medical Services Program Offset Ratio:		0.10000000

Gross Claim	\$	322,652.85
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	83,094.85
YTD Amount:	\$	691,944.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**BERKELEY CITY TREASURER**

2081 CENTER STREET

BERKELEY CA

94704

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00122597
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	102,953.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	102,953.75
YTD Amount:	\$	469,274.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA

90802

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00556238
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	467,114.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	467,114.10
YTD Amount:	\$	2,129,293.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300138A

PAYMENT ISSUE DATE: 11/27/2013

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

**Allocation of Vehicle License Fees-Local Realignment, Public Health**

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2013-14

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 10/16/2013 TO: 11/15/2013

<u>Total amount collected:</u>	\$124,223,810.76	Percentage of collection:	0.67601678
Gross monthly apportionment:	\$83,977,380.55	County/City Ratio:	0.00186412
	County Medical Services Program Offset Ratio:		0.00000000

Gross Claim	\$	156,543.91
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	156,543.91
YTD Amount:	\$	714,168.89